## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 5702,613 (FOR USE WITH FORM PTO-875) CLAIMS AFTER AS FILED AFTER I AMENDMENT 2 "AMENBMENT AFTER AS FILED AFTER IND. DEP. I"AMERDMENT IND. DEP. I MAMEKOMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND A T T. TOTALDO \$ P Û TOTALOCE TOTAL **∳**¤ TOTAL. U.S. DEPARTMENT of COMMERCE